

Vol. 57 No. 6

SAN DIEGO, CALIF

Friday, February 11, 1994

Medical Center chiefs open 'goat locker'

• Page 3

Prep school is opportunity

Page 4



TRICARE strides on to scene, DoD benefits explained

The military services, with their ongoing initiatives for improvements to the military health service system, are active participants in the nation's health care reform.

"Current and retired members of military service will continue to enjoy high quality medical care, although just how that care is provided may change in the future," said Vice Adm. Donald F. Hagen, surgeon general of the Navy. Please see TRICARE, page 3

Deployment seminar offered to spouses of deploying staff

A deployment readiness seminar dubbed "Things you need to know but were afraid to ask!" will be held in the Naval Medical Center auditorium, building 5, tomorrow, Feb. 12, from 8:30 a.m. to 3 p.m. The seminar is a must for the spouses of deployable personnel and those who may someday deploy, said seminar coordinators from the Oakleaf Club.

"This seminar is not just for those who have spouses deploying soon, it's for those who might ever have a spouse deploy," said seminar coordinator Ilda Wood. "And the deploying spouses are welcome too." Free child care in the Children's Waiting Room is available (reservations and shot records are required, call 532-6665). For reservations or information on the seminar, call Michelle Mahon at 244-4632 or Ilda Wood at 275-5436.

BRIEFING

Major repairs are planned for Naval Medical Center parking lots A and B this weekend. Parking lots will be closed Saturday from 12:01 a.m. to Sunday op.m.

The parking lots will be resurfaced and restriped during this time and no parking will be allowed. Any car left in a closed lot will be towed at the owner's expense. For additional information call 532-8500.

The Multi-Ethnic Cultural Association will hold its monthly meeting Wednesday, Feb. 23, from 2 to 2:30 p.m. in the Naval Medical Center auditorium, building five. All staff members are invited to attend this gathering to discuss multiethnic cultures and how they relate to the working environment. For more information contact HM1 Johnnie Swanson Please see Briefing, page 5

Leaders in Navy Medicine meet at Naval Medical Center



Photo by H. Sam Samuelson

Rear Adm. Richard A. Nelson joins leaders Rear Adm. David M. Lichtman, commander, National Naval Medical Center Bethesda, Md.; Rear Adm. William J. McDaniel, commander, Naval Medical Center Portsmouth, Va.; and Rear Adm. Frederic G. Sanford, commander Naval Medical Center Oakland, in the Naval Medical Center quarterdeck along with respective command master chiefs HMCM James Lowery, HMCM (SS) Mike Stewart, HMCM (SS) Michael Broz and HMCM Phillip Dozler. The senior staff met to exchange ideas, discuss concerns common to the major teaching facilities, to enhance the quality of patient care and quality of life for enlisted and officer staff.

Fleet hospital training is another step closer to field reality for hospital staff

By Dariene Himmelspach .

The wounds of war were only simulated Tuesday, Jan. 25, but for Navy doctors and other medi- Navy hospitals and clinics on the

cal staff preparing for a mission to west coast will leave in early Croatia, the drill could become March to take over the 60-bed reality. Soon.

About 180 personnel from

Naval Hospital Sigonella hosts medical teams from Romania

By JO3 Mike Pressel

Recently, U.S. Naval Hospital operations of a hi-tech Navy hospital.

"We are very impressed by many things here, such as the medical laboratories and also the very modern blood bank," said Col. Petre Chertic, deputy of Medical General Inspectorate for the Romanian Minister of Defense.

The Romanians also made an impression on the Sigonella staff. "Our staff was greatly impressed with the professionalism and national pride of our visitors," commented Capt. Buddy T. Sparks, commanding officer, USNH Sigonella.

Although the language barrier did present a challenge, the Romanians brought along Maj. Florin Paul, chief of Laboratory Services and Preventive Medicine, as a fellow doctor and translator.

During the five-day visit, the group was briefed and given tours of the departments that make up a Sigonella played host to six visit- modern naval hospital. Chertic ing Romanian military medical remarked after the tours that alofficers who spent a few days though Romanian military hospithere getting the feel for the daily tals were not as technically advanced, "We hope in the future to model our hospitals after this

> The familiarization tour was not all work for the Romanians, as the naval hospital command staff had scheduled a base tour and visits to the Navy Exchange, sight and sound store and the Commissary and also hosted dinners on and off

All too soon, the visiting doctors were on their way back to Romania, hoping to put in place the procedures and techniques they had learned from the U.S. Naval Hospital in Sigonella. Upon their departure, Sparks offered a hope that "Their visit will allow for opportunities for professional exchanges and great friendships in the future."

U.S. Field Hospital Zagreb serving the 28,000 U.N. peacekeepers in Croatia.

In addition to treating peacekeepers from 24 countries, the Navy specialists also might be treating children, said Capt. James Johnson, deputy commander of Naval Medical Center San Diego.

A recent change in U.S. policy clears the way for treating civilians, said Johnson, who will take part in the six-month mission to the northern part of the former Yugoslavia. Croatia runs along ne north and west sides of war torn Bosnia-Herzegovina, with which it was united under Communist rule.

Tuesday, the team practiced in a canvas warren of triage, surgery and other specialty rooms set up at the northern end of Marine Corps Base Camp Pendelton.

In the operating room where he had just "amputated" a mock victim's leg, Cmdr. Dana Covey, of Naval Hospital Bremerton, Wash., said the self-contained module "is the best available in the field. We can do most any type of lifesaving procedure in this shelter. We can do two cases side-by-side."

Johnson said the structure was erected in six hours. "Everything you see here was in a box somewhere else," he said.

Please see Training, page 5

Parenting: new program offers assistance, hope

By H. Sam Samuelson

"So anyway," a stand-up comedian winds up under blaring stage lights, "I'm thinking: Okay. The baby? Or the car. Baby? Car. Baby. Car. Babycarbabycarbabycar... And then it hits me! A car needs its oil changed every three months, but diaper changes? Like every 42 minutes for the first 18 months... Okay, now I'm asking myself: oil change? Or diaper change..."

The laughter ebbs. The comedian moves on.

Meanwhile, six months earlier in a city south of that nightclub, the infant daughter of a Navy couple is rescued from virtual imprisonment in a car seat and rushed to Naval Medical Center San Diego, bruised and lethargic. Heroic efforts to return her to health are too late. She dies four days later of severe malnutrition.

The tears ebb.

But don't ridicule the stand-up comedian. Applaud him for revealing to mainstream America a tragic comedy — that many Please see Parenting, page 9



Lt. Cmdr. Debbie Conway

DoD study finds no link between marriage, readiness

By Sgt. 1st Class Steve Barrett

A recent DoD study found no relationship between marital status and readiness in first term service members.

The same study also found most service members, regardless of marital status or dependents, deploy when ordered and a strong marriage is key to successful military careers.

However, the study found DoD can do a better job helping service members with spouses, children Please see Marriage, page 8

In Good Samaritan Act, the spirit of the law is to encourage heroes to step forward

By H. Sam Samuelson

When HM3 Dawn Wencke found herself kneeling on a bathroom floor, the sole provider of emergency care for a woman in cardiac distress at a McDonald's restaurant in Tulare, Calif., last Christmas, these words did not cross her mind:

No person who has completed a basic cardiopulmonary resuscitation course which complies vith the standards adopted by the

American Heart Association or the American Red Cross for cardiopulmonary resuscitation and emergency cardiac care, and who, in good faith, renders emergency cardiopulmonary resuscitation at the scene of an emergency, shall be liable for any civil damages as a result of any acts or omissions by such person rendering the emergency care.

in and out of Wencke's mind were of a simpler faith: "Please live,

for air; he looks for help as he

staggers around. Would you know

from U.S. Naval Hospital Naples

A medical service corps officer

please live," spoken between breaths of life.

Wencke and her husband, Tony, were returning from a holiday visit with family when they stopped to rest at the McDonald's in Tulare. Fate determined they would be the lifesaving link between an older woman and the paramedics who eventually arrived to render more advanced Instead, the only words slipping care and transport the victim to the local community hospital nearby.

To the Wenckes' credit the woman survived.

While neither Wencke nor her husband considered those words of protection, California legislators did and drafted them into law in 1959 as the first state to enact a series of codes known as "The Good Samaritan Act.'

"Basically, the Good Samaritan Act, is comprised of statutes written to protect individuals who render emergency medical aid at the scene of an emergency, disas-

Medical service corpsman rescues a choking diner

You sit down to have another starts to choke; he stands, gasping ncredible Italian meal in your avorite restaurant. The aroma of pasta and pizza fill the air. You're eally enjoying the tranquil atnosphere. When, all of a sudden, he gentleman at the next table

Please see Rescue, page 6

what to do?

PERSPECTIVE

Over the past year, I have welcomed the attention of President Clinton to the challenge of reshaping our forces for this new era. We have worked to follow up the vision that Les Aspin had in establishing the Bottom-Up Review.

I also look forward to serve because this is a time of great change, great challenge, and great opportunity. The national security problems facing the United States today are complex and

To make those changes in a way that addresses the need of our military and civilian personnel, our defense facilities, and the communities that depend on them.

This new security posture must deal both with the problems in the post-Soviet world, while we simultaneously seize the opportunities. We read about the problems every day — in Mogadishu, Sarajevo, Pyongyang, but we must not lose sight of the opportunities in this new post-Soviet world.

For example, this year we have what I would call a window of opportunity to make a major reform to the defense acquisition system so that we combine modern equipment for our military forces at affordable prices. The President has already made a commitment to readiness, but the acquisition and new equipment deals with the forces five years hence, or ten years hence, so we must look to that problem as well.

I have the full commitment of the President to proceed on a vigorous program of acquisition reform, and I believe that we can work effectively with the Congress to establish real reform in the system, and it's long overdue.

We also provided the leadership for the historic agreement on nuclear weapons reached at the Moscow Summit. When fully implemented, this agreement will see the country with the third largest number of nuclear weapons in the world voluntarily become a non-nuclear state with all of its nuclear weapons dismantled. This summit agreement takes a major step back from the nuclear abyss, and takes a major step forward for peace and stability in the world.

The British novelist Graham Greene once wrote, "There always comes a moment in time when a door opens and lets the future in." The ending of the Cold War opens such a door. The summit agreements will help us guide the future as it comes in.

William J. Perry **Secretary of Defense**

California Health and Safety Code

1799.102. Persons rendering emergency care at emergency scene for no compensa-

No person who in good faith, and not for compensation, renders emergency care at the scene of an emergency shall be liable for any civil damages resulting from any act or omission. The scene of an emergency shall not include emergency departments and other places where medical care is usually offered.

ter or some other area usually outside a hospital setting," said Theresa Carstens, assistant command judge advocate and attornev at Naval Medical Center San

But Carstens warns the laws are limited and do not necessarily and immediately protect providers of emergency medical care.

"In the Wenckes' case, the Good Samaritan Act doesn't protect them from being sued, it protects them when a lawsuit is filed," Carstens explained. "If they clearly fall into that category of volunteers who renders emergency care to save the life of another, then they are protected by the Good Samaritan Act."

Carstens said there are three basic criteria to determine whether the Good Samaritan Act applies. First, an emergency must exist. Second, volunteers who respond are still held responsible for providing reasonable care.

Says Carstens: "Gross negligence is not protected. The courts have not allowed the Good Samaritan Act as a shield for negligence."

Please see Samaritan, page 6

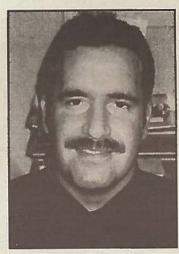
Correction

Last week's edition of the Dry Dock included a story by YMCA marketing director Mary McLellan announcing the recognition of volunteers for the Armed Services YMCA. The headline, however, listed the agency as the American Red Cross. The Dry Dock regrets the error.

NAVAL MEDICAL CENTER SAN DIEGO READERS REPLY

Question:

Have you ever stopped to render aid at an accident or emergency scene?



HM1 Severio Costello, **Patient Administration**

"I assisted a man injured in a car accident. I helped by checking his injuries and by putting him in the proper position to reduce shock. I waited until the police arrived."



HN William E. Bennett, **Main Operating Room**

"When I was on an airplane I saw a man pass out. He fell forward and busted his nose. There was a doctor on board and I helped administer oxygen and bandage the patient's



HN Brandon Hughey, Legal

"A female neighbor was being assaulted by her boyfriend so I frightened him away. The victim had an open wound on her forehead. I helped her apply pressure to her wound and called 911 from my apartment."



HM3 Jeromy Ortega, Emergency Medical Department

"I went to the scene of a truck accident where one victim was disoriented. I checked for spinal damage and performed a basic first assessment. I tried to relax him while checking for major cuts.



AEAN Terry Holtcamp, Patient Administration

"I witnessed and assisted at a car accident. When we approached the victim in severe shock she fell into us moaning. I got a blanket and spread it over her and noticed her breathing was erratic. We did the best we could until paramedics arrived."



HM3 Shelly Preston, 5-N **Nursing Service**

"My sister wrecked my truck and rolled it into a ditch. I heard the noise and ran to the scene and pulled her and my brother out of the truck. She was hysterical because she knew she wrecked my truck. I asked them if they were OK and helped them to the roadside."

TRICARE — DoD defines TRICARE regions, hospitals there

Continued from page 1

'Our retired members and their families are still part of the greater Navy and Marine Corps family, and I see good things for all of us under the initiatives and reform, but our people will have to become more responsible for choices in their health care."

Those military family members (under age 65) will have the option of choosing either the Military Health Plan or one of the civilian health care plan options. If a civilian health plan is the choice, DoD will pay 80 percent of the average cost of the health care plans in the beneficiary's area. These plans, including "fee for service" plans, may result in higher out-of-pocket costs for some families.

Family members over age 65 will have the choice of either the proposed military health plan or Medicare. The president supports Medicare reimbursement to the military health plan for those over 65 who choose the military

Through Military Health Service System initiatives, which have been underway for several years, the Department of Defense and Navy Medicine continue to be national leaders in quality health care provided to beneficiaries, and are continually improving cost, quality and access.

All the military services are participating in a national reorganization of military medicine. One of the services will function as the lead agent within each of the 12 geographic regions and will manage and coordinate the military health plan for that regions. This program will be similar to the TRICARE system currently being operated in Tidewater, Va. Alaska will continue to operate as a separate system.

The Navy is the lead agent for Southern California, the Tidewater area of Virginia and North Carolina. The military health plan is similar to a civilian health maintenance organization or HMO and is supported by both military and civilian health care providers and

The president recognizes the merits of the current military health care system because it meets or exceeds the areas of his concern for the nation's health care system in the categories of Please see TRICARE, page 5

By Evelyn Harris

The military services have developed 12 medical regions in the continental United States and Hawaii to serve some 8.2 million military medical beneficiaries.

Each joint-service region will have a lead agent to develop a single, integrated health care network.

The Southern California area, to include the southern tip of Nevada has been defined as TRICARE Region Nine and Naval Medical Center San Diego selected as the lead agent there.

"Within each region, the services will work together, plan together and share resources to deliver more accessible, high quality care," said Army Maj. Vic Eilenfield, a DoD Health Affairs official. "We hope by sharing resources amoung the services we can-

save money that might have been spent in duplicative efforts while providing broader services to all beneficiaries."

The lead agent will usually be the commander of the largest military medical facility in the region. One exception is Region One the National Capital Region (the metropolitan Washington area), New England and the Mid-Atlantic states. The lead agent there will rotate among the Washington area's Walter Reed Army Medical Center, Bethesda Naval Hospital and Malcolm Grow Air Force Medical Center. Alaska is another exception and will be a "free standing" region.

Military medical facilities within each region will retain their service-designated chain of command. Lead agents won't have authority to make funding or personnel decisions for other hospitals in the region. Commanders treatment center for certain procemay meet to work out ways to share personnel.

Lead agents will help develop regional contracts for managed care, manage CHAMPUS dollars and coordinate nonavailability statements. They will also approve referral processes within the regional network.

Lead agents will recommend designation of a specialized treatment services plan. specialized treatments are complicated, high risk procedures such as coronary bypass operations and organ transplants. Research shows such procedures have better outcomes in hospitals where the procedures are performed frequently.

Normally the lead agent hospital will be the specialized treatment hospital. However, military officials in large regions may designate more than one specialized dures. Civilian hospitals could be designated specialized treatment centers if no nearby military facility can meet the need.

Region I has more than 1 million beneficiaries serviced by-five-Army hospitals, four Navy hospitals and six Air Force hospitals!

Region II includes most of Vir ginia and all of North Carolina. The lead agent is Portsmouth (Va.) Naval Hospital. With three Army, three Navy and two Air Force hospitals, the region includes more than 893,000 beneficiaries.

Region III, with headquarters at Eishenhower Army Medical Center Fort Gordon, Ga., includes South Carolina, Georgia and most of Florida. Four each Army and Navy hospitals and five Air Force hospitals serve more than 1 million people.

Region IV includes eastern Louisiana, Alabama, Mississippi, Tennessee and the Panhandle section of Florida. The lead agent will be at Keesler Air Force Base Medical center, Miss. Three Army, two Navy and five Air Force hospitals serve more than 602,000 people.

Region V, headquartered at Wright-Patterson Air Force Base. Medical Center, Ohio, includes West Virginia, Ohio, Kentucky, Indiana, Illinois, Michigan and Wisconsin. Two Army, one Navy and three Air Force hospitals serve almost 675,000 people.

Region VI headquarters will be at Wilford Hall Air Force Medical Center at Lackland Air Force Base, Texas. The region includes most of Texas, Arkansas, Oklahoma and western Louisiana. Four Army, one Navy and nine Air Force hospitals serve more than 960,000 people.

Region VII headquarters is also in Texas at William Beaumont Army Medical Center El Paso. The region includes western Texas, New Mexico and Arizona. Two Army and five Air Force hospitals serve more than 336,000 people.

Region VIII includes Minne! sota, Iowa, Missouri, Kansas, Nebraska, South Dakota, North Dakota, Montana, Wyoming, Colorado, Utah and Idaho. The lead agent will be Fitzsimons Army Medical Center Aurora, Colorado. Five Army and nine Air Force hospitals provide care for more than 734,000 people.

Region IX includes Southern California and the southern tip of Nevada. Headquarters will be San Diego Naval Medical Center. One Army, four Navy and four Air Force hospitals serve more than 796,000 people.

Region X lead agent David Grant Air Force Medical Center, Travis Air Force Base, Calif., will cover Northern California and most of Nevada. One Army, two Navy and four Air Force hospitals serve more than 430,000 people.

Region XI headquarters at Madigan Army Medical Center Tacoma, Wash., will be responsible for Washington and Oregon, One Army, one Air Force and two Navy hospitals serve more than 363,000 people.

Region XII will be Hawaii. Tripler Army Medical Center — the only military hospital in the state - serves more than 160,000 peor

American Forces Information

Medical Center chiefs cut ribbon to open 'chiefs' locker' in bldg. 26



Rear Adm. Richard A. Nelson cuts the ribbon officially opening the chiefs' locker (affectionately called the 'goat locker' aboard ship) in the basement of building 26 3-B. The chiefs' locker is a central point, away from the usual work environment, where senior enlisted leaders can gather to network, discuss ideas, enlisted morale and welfare issues, leadership, training and professionalism.

New scam trades money for photos

The Armed Forces Disciplinary Control Board has received several complaints concerning high-pressure photo package sales operations in the San Diego area. These photo operations offer "free" premiums such as camera,

along with "lifetime" film processing and certain credit card services. The so-called "free" premiums actually can end up costing thousands of dollars.

Marketers of these photo packages typically approach service members either on the base itself or near the main gate at Naval Training Center, San Diego, and recruit other service members to offer the member a free pizza or receive the sales pitch, as an infree CD, if the member will watch centive to purchase. a short video. After the video, the service member is subjected to high-pressure sales tactics in which they are offered a camera. allegedly valued at \$500, lifetime film processing, and a credit card which can be used to purchase items out of a special catalog. The credit card can only be used to purchase items out of the catalog. The contract is then read aloud by the purchaser, and the reading is recorded on audio tape.

The contract requires a monthly payment starting at \$70 per month. The total cost of the program runs from \$1,250 to \$3,000. The only tangible item received for this money is a Samsung camera, valued at less than \$100. The package allows the member to develop "free" rolls of 36-exposure film for \$8.55 each. The development charges do not include photo processing (which is "free"), only development of the film. The package also promises

up to 500 "free" enlargements. The member may get two "free" 5x7 or one "free" 8x10 enlargement for a \$.95 "handling fee." The catalog merchandise offered for purchase by the credit card also turns out to be no bargains.

Military members are also offered a small "commission" to

Because marketers of these photo packages comply with the letter but not the spirit of California Consumer Law, little or no enforcement action can be taken against them. Commands are therefore encouraged to educate all personnel as to the consequences of entering into a contract with any organization which operates in the above described manner or offers a product as described

Commanding officers with members who have experienced problems with this or similar sales operations are encouraged to voice these problems through their representatives to the Armed Forces Disciplinary Control Board at the next regularly scheduled meeting (Mar. 16, 94).

For additional information contact Lt. Cmdr T.L. Wilson, JAGC at 532-1418.

Navy builds closer ties to community

Cmdr. Judy Gaze, commanding officer, Navy Housing San Diego joins Rachel Burnage, program coordinator for Healthy Start. The Healthy Start Military Family Cluster is a collaborative effort between the Navy, area schools, government and community agencies designed to build lines of comunication between those agencies. Through the program Navy families can gain access to the Navy and community services they need.

lilitary preparatory schools offer valuable challenges

By Sgt. 1st Class Steve Barrett

Each year hundreds of enlisted service members become students at the U.S. military academies' military preparatory schools.

The preparatory schools ready potential officers for the physical and academic challenges at West Point, Annapolis and Colorado Springs.

Together the three schools receive about 3,000 applications annually. These applications come from active duty enlisted personnel, reserve component service members and high school graduates applying through the service academies.

Applications go before admission boards representing the schools and the academies for

screening. The boards select students they determine can best meet each academy's standards and become future military leaders.

"We've had a pretty good success rate in getting soldiers admitted into the academy," said Army Capt. Tim Decker, an admissions officer with the Army preparatory school at Fort Monmouth, N.J. He said 220 to 250 students will attend class this coming year, with 170 to 180 getting appointments to West Point. The normal academy freshman class numbers

The admission success rates at the other academies are similar. Over the past four years, an average of 248 students annually attend the Air Force school, collo-

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cated with the Air Force Academy in Colorado Springs, Colo. About 70 percent become Air Force cadets, roughly 12 percent of the Candidates review subjects such freshman class.

At Annapolis, the Class of 1997 started with 223 students from the Navy Preparatory School, Newport, R.I. — close to 19 percent of first-year midshipmen.

Prep school applicants must be U.S. citizens between 17 and 21 years old. They must be single and have no family support responsibilities, possess a high school diploma or general equivalency diploma and have no convictions in civil courts or military courtsmartial. They also must be medically qualified to enter the service academy upon preparatory school completion.

The class year begins in late August and ends in May, with academic preparation being the major thrust at all schools. After first reviewing high school subjects, students tackle junior college-level English, mathematics

students attend a two- to threeweek school orientation phase. as military customs, courtesies and drill and must pass their academy's physical fitness test.

No one is guaranteed an academy appointment just for finishing the course. Changes in career goals, personal problems and academic deficiencies are a few reasons graduates may not get an academy appointment.

Service members entering academy preparatory schools continue to receive a military pay check at the pay grade they earned prior to admission. While at school, they are also eligible for promotions in accordance with their service regulations.

Candidates must also have enough time remaining on their enlistment contracts to complete the 10-month school. According to Chief Petty Officer Mike Valdez of the Naval Academy admissions office, candidates attending

Prior to tackling academics, the months remaining on their service contract prior to admission.

> The Army and Air Force require only that candidates re-enlist or extend to fulfill school requirements.

Service members interested in attending preparatory schools can obtain information through their commanders, career counselors or personnel offices. For more information write to:

Commandant U.S. Military Academy Preparatory School

ATTN: MAP-ADM Fort Monmouth, NJ 07703

Director of Admissions U.S. Air Force Preparatory

U.S. Air Force Academy, CO

U.S. Navy Preparatory School 117 Decatur Road U.S. Naval Academy Annapolis, MD 21402-5018.

the Navy school must have 24 and science courses. Root canal is last ditch tooth saver

By Lt. M. J. Van Dusen

last a lifetime. In the ideal world, everyone would maintain healthy Ideally, your teeth are meant to dental tissues by brushing and flossing daily, eating balanced meals, decreasing their intake of sugar-rich foods, and visiting the dentist regularly. However, as we all know, the ideal is difficult to Exam and

achieve.

In the past, seriously damaged teeth ended up being extracted. However, technological advances in dentistry have enabled these same teeth often to be saved by root canal (endodontic) therapy.

The world "root-canal" usually elicits a grimace, cringe or wince. Root canals are often thought of as being a muchavoided, very painful procedure. On the contrary, in the majority of cases, root canal therapy is painless and is the solution that relieves the patient of his or her pain. Root canal therapy can be the tooth's last and best chance of

What is a root canal? The dental pulp or nerve tissue, is the soft tissue that lies within a pulp chamber located within the hard dentin and enamel of the crown. The pulp runs down the entire length of the tooth through the center of the roots. When the tooth is injured and the pulp becomes diseased, dies (necrotic) or is unable to repair itself, the need for root canal therapy occurs.

Common causes of diseased or injured pulpal tissue are deep cavities, fractured teeth, trauma (such as a blow to the teeth) and gum

If the diseased or damaged pulp is not removed, infection will occur in the tooth and surrounding structures, often resulting in an abscess. Pain and swelling may occur, and even in their absence, certain by-products produced by the infection can cause destruction to the surrounding bone. If left untreated for too long, the destruction and infection may become very serious, even life-threatening. An extraction is really the only alternative to root canal therapy, but then you have to contend with an empty, unattractive space.

The key to healthy, long-lasting teeth is the prevention of dental disease through proper home care and maintenance. But if the need arises, and it often does, a choice must be made between an extraction or root canal therapy. The choice is yours, but just remember, healthy, natural teeth are always better than artificial or missing teeth.

Lt. M. J. Van Dusen is a dental corps officer at Naval Medical Center Oakland.

Reprinted from the Red Rover.

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Briefing

Continued from page 1 at 532-8036 or 7995.

Naval Medical Center San Diego Oakleaf Club willhold its Valentine Bake Sale on Monday, Feb. 14 from 7 a.m. until sold out. Surprise that special someone with delicious homemade baked treats from the Oakleaf Club.

The American Lung Associa-

TRICARE.

sibility.

Continued from page 3 security, choice, simplicity, quality, savings and individual respon-

The president requested DoD's involvement in health care reform. DoD's part of national health care reform will focus on readiness, security and choice.

Until Congress approves legislation, exact details are tentative. However, the following plan is being proposed by DoD:

 Military readiness will be maintained.

 All active duty military members are automatically enrolled in the military health plan without charge.

• Overseas: There will be no change to the present overseas military health care system for any authorized beneficiary.

 Continental United States: All beneficiaries will continue to have the same or improved access to high quality health care. Active duty family members and retirees will have the option of enrollment either in the military health plan or at least two civilian managed care plans, including a "fee for service" plan (similar to the current CHAMPUS programs).

 All military beneficiaries will be included.

 Beneficiaries will not pay a fee for treatment or inpatient care at military medical treatment facilities, except for subsistence as they pay under the present system.

• E-1 through E-4 family members would be enrolled without fee or they may opt out of the military health plan for other available health care plans. Visits to non-military facilities may cost \$5 per person per visit.

• Enrollment fees for all other active duty family members would be about \$35 per person for a maximum of \$70 per family, and there would be a \$10 per person per visit fee to a non-military faci-

• Enrollment fees for retirees and their family members would be about \$50 per person for a maximum of \$100 per family, and a \$15 per person per visit fee to a non-military facility. The medical catastrophic expense cap, now at \$7,500 per family, should be about the same as for all Americans under national health reform.

For those active duty members and their families who do not have access to a military health plan in their area, such as recruiters, DoD will contribute 100 percent of the premitim costs for those choosing the lower priced civilian management care plan, minus the enrollment fee that would be charged by the military health plan.

The Military Health Service System will continue to provide high quality health care for all beneficiaries, in many cases at a lower cost with increased access. However, family units will become more involved in, and be more responsible for, their individual health care.

tion is offering a Golf Privilege 12, at the downtown Armed Serv-Card as a Valentines Day gift for ices YMCA, 500 West Broadway. your sweetheart.

will entitle your valentine to play free or discounted rounds of golf at more than 400 courses in the basis in the Program Lounge. For western U.S. and Canada, includ- additional information call ing more than 23 courses in San 232-1133, ext. 206. Diego and Imperial Counties.

One hundred percent of all through October 31, 1994. To or- Johnnie Swanson at 532-8036. der your Golf Privilege Card, call the American Lung Association at 297-3901.

Free tax help by Volunteer Income Tax Assistants will be available beginning Feb. 1 until April Please see Briefing, page 6

VITA hours will be every The new \$25 1994 golf card Monday and Tuesday from 6 to 9 p.m. and Saturday from 10 a.m. to 2 p.m. on a first come, first served

Naval Medical Center Multimoney raised from sales of the ethnic Cultural Association will card is used locally to support the meet on Wednesday, Feb. 23 at 2 lung association's education and p.m. in building five auditorium. health programs. The card is valid For additional information call

> Junior Achievement is looking for volunteers to work as project business consultants in junior high and middle schools throughout San Diego County.

Training

Continued from page 1

The training was to include a mock-terrorist effort to infiltrate the compound.

'We want to overload the crew and test every scenario," said Rear Adm. Richard Ridenour, deputy surgeon general of the Navy, who visited the week-long training exercise at Camp Pendleton.

As sailors bustled about the maze of officers — the compound's been dubbed Mash-Plus because it is teamed with SeaBees (Construction Battalion personnel) to maintain it and Marines to provide security - Ridenour talked of the state-of-the-art equipment the medical team will have available.

Since the Navy team will be treating many patients who speak no English, the doctors will use a computer translator to ask the right questions and get the right answers — to get the information they need for diagnosis and treat-

They also will be using telemedicine, which can provide access to specialty consultation at naval medical centers in Bethesda, Md., and San Diego via satellite, Ridenour said.

A key aspect of the medical mission is speed.

"We could have a truck overturn or a mine blow up, and we'd have lots of casualties quickly. How fast can you sort that out?" Ridenour asked.

"How you move people through is critical," Johnson added. "We need to take care of the largest number of casualties in the shortest period of time."

Story courtesy the San Diego Union-Tribune.

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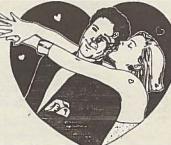
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Rescue -

Continued from page 2 knew.

The MSC jumped up from his seat, grabbed the choking man from behind, and proceeded to ini-

tiate the Heimlich (abdominal blocking the man's airway was quickly expelled. His life was saved.

The officer, who wishes to rethrust) maneuver. The object main anonymous, could have been you. Would you have known what to do? Many people say they don't have the time to learn Car-

diopulmonary Resusitation or any other basic life-saving procedures. If you would like to learn, contact the American Red Cross or your training department for information about military-sponsored training. Someday, you may delives or dies.

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Dedicated to Service Excellence

Samaritan -

Continued from page 2

The third criterion is that volunteers cannot expect compensation. Carstens added that numerous pages of law text have been published to further define terms such as emergency and its location. And virtually countless cases have established precedents which further define the letter of the law as it applies to the Good Samaritan Act.

"For example, in the State of Vermont, it has specific laws which require persons to react to save someone in an emergency situation, as long as their action doesn't pose a threat to themselves or others," Carstens said. "But, in California, the Wenckes" were not required to render assistance by law."

Add to that the fact that the Good Samaritan Act is state law and almost demands that individuals, especially those trained in medical practice, be fully aware of various state applications of the Good Samaritan Act before an emergency arises.

"The spirit of the Good Samaritan Act is the simplest to state," Carstens explained, "it is to promote volunteering to save another's life if you have the knowledge and sklls to do so."

Briefing

Continued from page 5

Coordinating this activity with classroom teachers, volunteers will supplement the formal eduation of 7th, 8th, and 9th grade students by exposing them to the business community through a termine whether another person series of activities that make economics fun.

Major duties of volunteers are: attend training to become familiar with program and materials, meet with same class for one class period each week for 15 weeks, relate class activities to real world experiences; communicate effectively with students and teachers, prepare and facilitate throught provoking discussions and activities following lesson plans provided by Junior Achievement, and donate time to improve the economic education of the community's youth.

Qualifications include holding an undergraduate college degree or equivalent business experience, good communication skills, understanding of basic economic concepts and knowledge of the values, freedoms and responsibilities of our business system, enthusiasm and commitment to the program.

This is an opportunity for Navy and civilian personnel considering teaching as a second careers when they leave government service since JA provides hands on experience in the classroom. Interested personnel should contact Geoff Wilson at 421-3020.

Naval Station Law Enforcement and Shore Patrol Personnel are trained to respond to all situations in a professional, calm and reasonable manner.

Their roles are to deter criminal activity and to ensure compliance with military regulations.

Recently some individuals have attempted to challenge the authority of station law enforcement or shore patrol personnel by displaying general uncooperativeness, verbal assaults, spitting, belligerency and violent resistance to efforts to control potentially dangerous situations. Alcohol is often involved but it is no excuse for blatant disrespect and disregard for proper authority who are only doing their jobs.

The Navy and Marine Corps Relief Society is seeking vol-

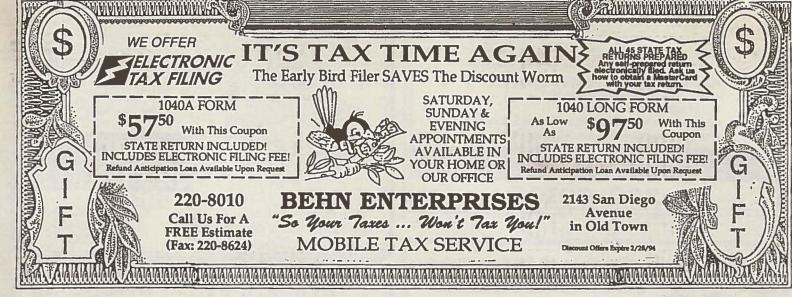
A non-profit charitable organization whose purpose is to assist Navy and Marine Corps personnel and their families, Navy and Mrine Corps Relief provides edu cational loans, visiting nurse services, thrift shops, infant layettes, food lockers, budget counseling services and volunteer training programs.

Volunteers originally created the Navy-Marine Corps Relief Society and have been in the forefront of its development throughout the years.

Active duty, retirees, dependents, or civilians may contact George Thacker at 238-1060 to volunteer, register for one of the training classes or additional information. -

The San Diego Medical Federal Credit Union will have a mobile branch office in the Naval Medical Center court yard every Monday and Wednesday from 8:30 to 11:30 a.m. For information regarding services offered call 453-784 ...

Please see Briefing, page 9



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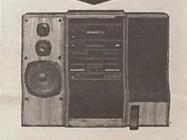
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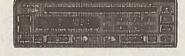
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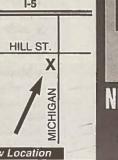
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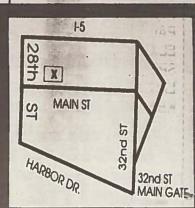
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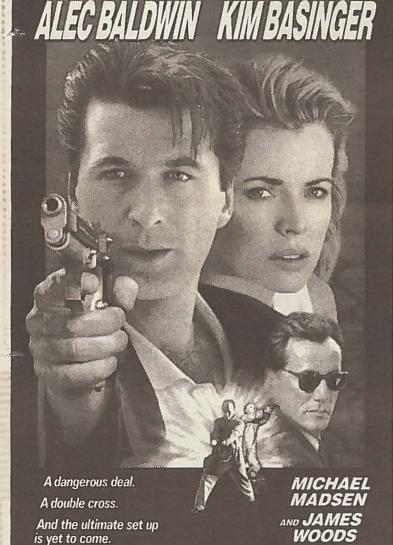
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Marriage

Continued from page 1 and other dependents deal with challenges of the military.

The joint-service study, conducted by DoD's assistant secretary of defense for personnel and readiness, found married service members tend to have fewer performance and behavior problems. But the problems they have are more complex and timeconsuming for unit commanders. These problems often distract from performing the unit's mission and lead to the perception that marital status significantly impacts readiness.

"Our first concern was readiness," said former Defense Secretary Les Aspin. "This study indicated how we can do a better job helping our first-term service members stay ready. The agenda for immediate action that grew from this study should go a long way toward that goal."

Aspin had directed the study after Marine Corps Commandant Gen. Carl Mundy outlined his concerns that married first-term members had trouble deploying.

Those problems might compromise readiness, he said.

The DoD-wide study addresses such items as marriage, stress, pregnancy, divorce, finance, family services and substance abuse. The study shows how these topics affect individual enlistees, retention rates, force quality and readi-

Prior to 1973, the military was comprised mostly of single men. But with the volunteer force, the enlisted force changed from a single, male society to one where more than half the active force is married.

According to the study, few recruits are married when they enter the service. The 1992 numbers range from 3 percent in the Marine Corps to 10 percent in the Army and Air Force. However, by the end of a four-year first enlistment, 42 percent of those service members are married. Of those males who remain in service for a full career, nearly 87 percent are married.

The study recommended the services provide a series of pro-

grams designed to aid first-term soldiers. These recommendations

· Orient service members and

spouses to military life. • Include family issues in the military education curriculum at all levels.

 Provide financial planning assistance that addresses the needs of first-term families.

 Establish marketing efforts to provide education and orientation information at unit orderly rooms, recreation centers, libraries and other points.

• Create premarital education programs within each service carefully designed to ensure credibility, timeliness and relevance.

• Provide information and move counseling for first termers before they depart their training assignments for their first duty assignments.

• Establish a "settling-in" policy, giving first termers time to orient themselves to their first duty assignment. This includes house hunting, installation orientation and exemption from training or exercise deployment.

• Promote community partnerships among the military, civilian and business communities to address employment opportunities, rental policies, business financial practices and other issues.

The study found it difficult to establish a firm connection between readiness and family member status of first termers. Most married service members can deploy when called to do so, two-thirds report problems in responding to such deployments, while only a third of single members report such problems.

Child care obligations also add to deployment problems.

The survey determined members and spouses who take advantage of military support programs are satisfied with those services. However, not all members take advantage of them.

Many problems generate around the couple's lack of basic life skills; they lack life experience and the knowledge on how to maintain a household.

The study noted married service members receive special consideration in pay, housing and duty and work assignments.

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Parenting

Continued from page 1

couples devote more time to choosing and purchasing a car then they do readying themselves for the birth of infant sons and daughters.

"Babies are work," asserts Lt. Cmdr. Debbie Conway, a clinical nurse, family health specialist and nine year veteran of labor and delivery departments. "Some couples, after the birth of their babies. suddenly find themselves burdened with the reality of what they've done: brought a life into the world which is totally dependent on them, and realizing that dependence is absolute."

Some couples believe love and caring will be magically bestowed on them when their babies are born, protecting them all from the normal stressors which might cause impatience or even anger in normal daily settings.

Not so, says Conway, who adds that a new member of the family is a new stressor.

"If you experience stress when childless, you can expect to experience more after your child is born," Conway says. "You may feel stress or anxiety about things your baby does,; you may feel confused about what you should do for your child."

A recent Department of Defense study, conducted by the assistant secretary of defense for personnel and readiness, indicated that few recruits enter the military married, although after four years, 42 percent were married.

The study concluded that some

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military couples lack basic life skills, or other experience and knowledge to maintain a household.

Conway adds: "When it comes to having a baby, military couples may find it more difficult to cope because, they are often isolated from extended family support."

She knows. Conway is the curriculum designer and instructor for parenting classes which augment New Parent Support, a program sponsored by the Naval Medical Center Family Advocacy Center for couples expecting babies or contemplating childbirth in the near future.

Far less hilarious than stand-up comedy but infinitely more powerful, New Parent Support is designed not as a static series of lectern-based lectures, but an inviting, interactive couples program based on group dynamics relying on personal sharing with those with whom you most relate - to help allay fears and build confidence in bringing babies into their worlds.

"It is especially valuable for young military couples," Conway

The program runs six weeks. It is broken down into sessions such as nutrition and food safety, child growth and development from two months to two years (in four segments: 2-6 months, 6-12 months, 12-18 months and 18-24 months) and, finally, childhood safety.

Woven into the six sessions are specific discussions ranging from stress management to diaper changing. Any topic can be broached by members of the group.

"And we encourage both parents to join," Conway adds.

She said she realizes that is not always possible with a military lifestyle, but recommends it whenever possible. "Babies are a full-time job, for both mother and father," she says.

Family Advocacy founded New Parent Support in 1990 after conducting academic and field research of parenting skills and developing programs to enhance those skills (Conway is completing a masters degree at the University of San Diego in the sub-

"The important thing is to realize these sessions are designed to remove the fear of parenting and teach ways to channel negative harmful emotions and nurture loving emotions."

Sessions began Feb. 2 and are held at the Murphy Canyon Chaplain's Office Wednesdays from 5:30 to 6:30 p.m. Classes are free. Couples, mothers or fathers are welcome to join at any point during the program. (Call 532-7149).

"The time to begin preparing for your children is long before you give birth," Conway advises. "And we're here to help you do that."

Briefing

Continued from page 6

The American Foundation for AIDS Research announces it will award \$1 million in grants for studies on critical, unanswered questions in the disease causing properties of HIV.

The goal of this targeted grant program is to understand three specific ways in which the human immune defense system fails to respond appropriately to infection with HIV and how to overcome these crucial deficiencies.

Dr. Jeffrey Laurence, Am-FAR's Senior Scientific Consultant and Associate Professor at Cornell University, noted that, "The research to be funded through this second targeted Request for Proposals could well provide key clues on HIV pathogenesis and immune reconstitution strategies."

Researchers interested in learning more may call for American Foundation for AIDs Research at (213) 857-5900.

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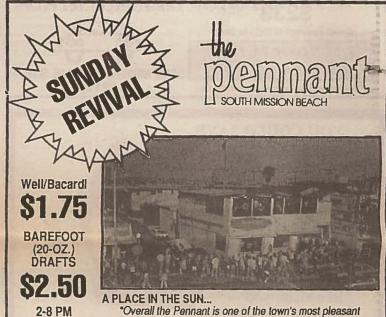
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Very spacious unit in well maintained compact.
pool, play equipment. Super brick patio off kitch
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omy 2 master BR plan with fireplace & single car

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STOP THE CAR! ting 4BR/2.5Ba home on quite cul-do-sac. Newer & paint & hage back yard for family fan. 24T \$157,750 422-4500

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THE PRICE IS RIGHT! Appealing 3BR/2BA, plus spa. Affordably priced MOO492B \$159,900 47

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ATTRACTIVE & WELL KEPT! Well kept 3BR/2BA family home with big country kitchen, brick fipl., view to the ocean. Lovely sunsets de

LOVELY & SPACIOUS!
Fabulous 4BR/2BA with vanited ceilings, 2 fplcs, great family m., security system, new roof & lots more.
GRESSB \$164,900

READY TO MOVE?
lovely 3BR home with breakfast area, combining & dining m., covered patio, fruit trees & more.
SH777T \$165,000 422-45 living & dining nn., cover ASH777T \$

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Stunning 3BR/2-5BA townhome, countyard, tiled entry, kit & family m., fplc., french doors & many more

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More about the medical kahunas: Part III

By Cmdr. Ken Ockermann

Editor's Note: This is the third and final installment of a special report: Obstetrics in old Hawaii.

Many relatives were present at the birth of the Hawaiian baby. The expectant mother's longing to see a certain relative or friend meant that the baby would be fond of that person (fond of a motherin-law?). If that person could not be present, a member of the family placed a stone before the door, announcing the "material" presence of the missing family member or friend. This satisfied the pregnant mother who could feel the presence through the stone.

After the baby was born, mothers drank mountain apple leaf juice or a solution of ground bark mixed with water to stimulate the afterbirth. To assist placental separation from the fundus of the womb, the woman sat or squatted on the floor while the helpers pressed her sides with their knees or applied external pressure to the abdomen. The kahuna then put a poi pounder on the abdomen and gently worked to and fro, similar to the present day Crede's

Handling of the umbilical cord was especially important. It was cut fairly close to the navel with bamboo and tied with cords made from Olona tree bark fiber (Hawaiian shrub). Arrowroot, often used for fishnets and ropes because of its resistance to sea water,

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has a starch-like property and was (Uala) or wore a lei of the vine as sometimes applied to stop bleeding. When the cord fell off, it was disposed of with great care for the child's future might be affected.

Cords were not burned or buried where they could dry up as this would affect the vitality of the child. The placenta and membranes were always washed, since failure to do so might cause the baby to have weak, sore eyes.

The kahuna continued to assist the mother after birth. Mother's milk was the most essential nutrient for the baby, but if the mother had problems nursing, the akoko plant, a low growing dwarfed plant with a whitish trunk and thick leaves, was eaten to stimulate the flow of breast milk. Often, nursing mothers slapped their breasts with sweet potato vines

it was believed to induce milk production since it exudes a milky white juice when broken.

Wet nurses were employed by mothers who could not nurse their own babies. Generally, a mother of a boy would wet nurse a male child and mother of girl a girl child, but sometimes a boy and girl were nursed together. No commoner was allowed to nurse a

It is obvious that kahunas played an important role in Hawaiian history. Even today, stories about them surface, especially those practicing the medical arts, but these are not discussed openly by Islanders. Like the disappearance of the true aloha spirit and uncrowded roads, so it has become for the kahunas.

The Native Hawaiian Health Care Act of 1988, however, officially recognized these healers for the first time, allowing them to practice openly and to be integrated into the health care system. One such group of health care providers of native Hawaiian descent is called E ola Mau, all whom have backgrounds in either Western or traditional healing.

Of the few true medical kahunas who exist today, most understand that they are not substitutes for western trained physicians. Moreover, they make sure that they have full support of the family, and that the patient is fully aware of all medical ramifications of treatment. Of note they don't guarantee a cure. Also, today's kahunas are raised mostly in Christian religions and are able to integrate their beliefs. We can only hope that more research continues into the fascinating history of the kahunas, especially those practicing the medical arts.

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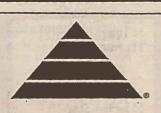
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120 Real Estate for Sale

2BR/2BA in Fashion Valley, move-in condition, easy access Rt. 5, 8 & 163, VA approved, transferring need to sell fast, will negotiate, \$111,800; Pat 298-3367. D.

3BR/11/2BA, nice den, ig fireplace, nice, San Carlos area, \$160K; Larry 462-2315. D.

4BR/21/2BA, spa, waterfall, 2 patios, deck off master BR, aprx 1800 sq.ft., \$220K; Larry 462-2315. D.

Lemon Grove, spacious 48R/3BA, 2-story home, 1881 sq.ft., pool, new jacuzzi, 2-cer gerage, high vaulted cellings, fireplace, quiet culde-sac, 167K; Bill 222-6965. D.

Ranch, 2 acres, 3BR/2BA, horsestalls, chicken coops, mountain and canyon views, \$230K; Larry 482-2315. D.

Tax relief, use as a rental, depreciate same, fully remodeled, 2BR cottage, central AC/I-lt, 1 hr from San Diego, By appointment; 479-6868.

125 Condominiums

2BR/2BA condo, 1198 sq.ft., upgrades galore. Oceanview balcony, Scripps Ranch location, den, fireplace and more; 568-5521 for appointment. D.

200 Condos for Rent

Furnished - \$995 - Close downtown/NavHosp, luxury 2BR/2BA, fireplace, W/D in unit, range, retrig., micro security bldg, wground parking, avail. March 1; 232-8272 for appointment to view. D.

Quiet, safe, 2nd floor, 1BR, near base, avail. only \$450, hot water + utils, except SDGE included; Fred Orton (800) 473-1331 (W) or 271-8746 (H).

So. Bay, 3BR/2.5BA, 2-story townhome, has W/D hookups, close to all, call to see, \$775; 482-1787 lv msg.

210 Apts. Unfurnished

2BR townhouse, bath + ½, new appliances, carpet, paint, \$575, deposit \$300, 716 Calla Ave., I.B.; 276-4681.

2BR townhouse, bath + 1/2, new appliances, carpet, paint, \$575, deposit \$300, 716 Calla Ave., I.B.; 276-4681 after 6 p.m.

210 Apts. Unfurnished

Beautiful new Ig 2BR/1 1/sBA condo w/attached 2-car garage, appliances, central heat, air, gates, entrances, private patio w/view, minutes from beach, bases; 429-4695. G.

Coronado Rental - Cute 1BR/1BA, granny flat, private yard, \$700/mo. utils. included, easy drive to Balboa (5 mi), secure location; 435-6785. D.

Imperial Beach, 2BR apt, \$555, stove, refrig., carpets, drapes, trash/water paid, sorry no pets, not far from Commissary/Exchange; 424-3123.

Imperial Beach, 2BR apt, \$555, stove, refrig., carpets, drapes, trash/water paid, sorry no pets, not far from Commissary/Exchange; 424-3123.

Imperial Beach, \$425, 1BR, new carpets/drapes, laundry facilities, off-street parking, security gates, close to shopping/transportation; 444-6424.

Imperial Beach, 2BR apt. \$555, stove, refrig., carpets, drapes, trash/water paid, sorry no pets, not far from Commissary/Exchange; 424-3123.

North Park, \$440, studio, utils pd, 40461/2 Ohio Street, full kitchen, Indry, gdner, near all; 295-2141, 465-8122. D.

220 Houses Unfurnished

3BR/11/2BA, den, ig fireplace, nice, San Carlos area, \$1050; Larry 462-2315. D.

3BR/2BA, 2-car garage, fireplace, open patio, fenced yard; 575-1184.

3BR duplex, fenced yd, covered patio, laundry hookups, water pd, pet ok, clean, 15 min. to base, \$750, Linda Vista; 292-0509.

Bankers Hill, near Balboa Park, 48R/21/4BA, remodeled kitchen, garage, low maint. yd, 3500 sq.ft., \$1800/mo. lease; 483-4851 eves. D.

Imperial Beach, \$875, 168 Elder Ave., unique 3BR/1BA, ½ block to ocean, fireplace, view, private lenced yd, 2-story, lots of wood, cathedral ceillings, open loft, parking, immaculate, no rent increase, cat ok, no dogs; msg # 588-8653.

Paradise Hills area, 3BR/2BA, 2-car garage, family rm, fireplace, patio, W/D hookup, refrig, microwave, close to schools, \$900/mo.; 475-4067.

225 Rentals to Share*

M/F or couple to share new ig 2BF/1½BA, 2-car attached gar, ig private patio w/view, all appliances, close to beach and base; 429-4695.

Single morn looking for nonsmoking roommate to share 4BR house in San Ysidro, \$260/mo., \$100/deposit; 428-3796. D.

235 Vacation Rentals

Ski Vall, Keystone, Breckenridge, A-Basin, Fully equipped condo, sleeps 10, fireplace, phone, etc., bus to lift, \$425-\$600/wk; (404) 471-2019 lv msg.

245 Rooms for Rent

Fashion Valley, 3BR/3BA, 3-story condo, fireplace, 2-car garage, near major freeways, 15 min. from NASNI, \$330/mo. + 1/5 utils.; 299-7115.

Point Loma, 3BR/2BA, pool, ig patio, garage, awesome view of bay, W/D included; 224-8350.

Room for rent, share 3BR condo, nonsmoker, private BR, kitchen privileges, South SDiego, Hwy 5 & 805 close, \$300/mo.; 428-8151.

Roommate wanted to share 2BR/2BA condo in Fashion Valley, security, pool, jacuzzi, \$450 + utils.; Rich 560-8183.

303 Furniture Appliance*

Antique BR group, dressers, recliners, couch, computer table, bookcases, TVs, all best offer; 476-1605 eves.

Couch, dinette, very nice, new, will negotiate, \$200; Rudy or Keith 690-4277.

Countertop electric stove, used 6 months, like new, best reasonable offer; 435-6736.

Kingsize waterbed w/mattress, heater, liner; matching men's dresser; women's dresser w/mirror; 2 nightstands; transferring must sell; \$500 OBO; 465-4189, D.

Queen size sofa sleeper, almost new, sacrifice at \$250, light floral print w/rattan arms; 562-0583. D.

Refrig., frost-free, Wards, 2-dr, top freezer, 21 cu.ft., factory rollers, reversible doors, harvest gold, runs great, glass shelves, \$95; 222-2868. H.

Sony 27" television (KV27TS32) + surround sound & remote, 4 mos. old, still in box, \$500; Manny 475-4609. D.

305 Jewelry - Clothing

Diamond ring, woman's fancy .46 ct marquise, New Life, \$875; 542-1639. D.

310 Antiques - Art

Civil War era framed pictures of ships, generals, battles, weapons. Various sizes, \$6-\$60, call for into; 286-7099, 222-2868.

315 Sporting Goods

Gold clubs, PING EYE 2, Red Dot Irons. Ping ZZ Lite Shafts, 3 thru sand wedge \$340. 685-1656 after 5 p.m. D.

Stair stepper \$50; 435-1165.

Weight machine, \$250; 429-0550. G.

325 Misc. for Sale*

Automatic icemaker and tray, fits Whiripool refrig., never run out of ice cubes again, \$15; 222-2868. H.

Firewood delivered, split, best prices in the county; John 296-6774. D.

Kerosene heater \$20; lawn edger, gas, \$75; push hand lawnmower \$20; foot massager Clairol \$18; 25" color TV console, nice, \$100 ORO 423; 2465

Philips portable CD player, filing cabinet, radio control helicopter, best offers; 476-1605 eves.

Queen bedroom set, triple dresser w/mirror, chest drawers, table lamps, sewing machine, electric dryer, Ford 15" truck rims, call for prices; 870-7150 after 5 p.m. G.

Softsided jacuzzi, yr old, used once, \$1200; Tom 448-3073.

SR Vega speakers, \$150; 429-6148. D.

Surround sound receiver STAV-3200 Optomas, \$200; 429-6148. D.

560 Situations Wanted*

Nonsmoking military mom would love to babysit in my home, safe, clean and very experienced, lots of TLC, I.B.; 575-7107 anytime.

580 Services Offered*

Experienced babysitter, my home, fenced back yard and patio makes a nice play area, Azalea Park area, rates negotiable; 281-8063. G.

700 Boats

Hobie Cat Catamaran w/trailer, \$800 OBO;

705 Motorcycles

82 Suz 250 dirt bike, \$900, runs great; 429-8148.D.

Honda 480 dirt bike, like new, \$1200; 429-6148.

710 Campers & Trailers

25' travel trailer, inexpensive living, w/approval can remain in trailer park; 423-8426.

715 Auto Parts & Service

Tire on rim, good for spare on mini-truck, fits Nissan or Toyota, 6-lug pattern, \$10; 222-2868.

730 Antiques & Classics

1941 Dodge Business Coupe, need restoration, it ran when parked, \$2500 firm, serious only; 562-0563. D.

740 Autos for Sale

'77 Olds Cutlass Supreme, runs great, AC, 4-dr, V8, all pwr, \$900 OBO; 435-5278.

'92 Chevy Biazer, 4-dr, S-10, Tahoe package, 26,000 xint cond., single owner, garaged; 435-8283.

'92 Geo Metro, 2-dr hatchback, 5-spd, 50 MPG, met. blue, AM/FM cassette, 27K miles, bra, cargo cover, kint cond., \$5500 OBO; Tony 566-5666. H.

1967 VW bug, runs xint, new engine, many new paris, \$4000 invested asking only \$1600; 1-800-407-1927 pager, lv msg. D.

1969 Cadillac De Ville convertible; red/white; runs great; dependable daily driver; good brakes, tires, etc.; classic fun; \$1500 OBO; 522-5313. D.

1986 Volvo 740 Turbo, fully loaded, mint cond., only 62K miles, \$7900; 222-6018.

750 Autos Wanted*

1990 or newer Toyota or Nissan pickup truck, cash or can take over payments; 470-6746. D.

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200 Condos for Rent

Bonita-\$775, 2Br/2Ba, 2 pools, 2 spas, all new appl. No pets. Marguerite. 479-3120 or 267-2310

CV-3Br/11/Ba, new carpet, stv, blnds, clean & quiet area, \$800, 427-4789

Downtn-NRMC, \$995, comp furn, lux, 2Br/2Ba, fplc, w/d in unit, sec bldg/prk. Avail 3/1 232-6272

IB-Beach Condo, 2Br+loft, 1300 sqft, 2 car gar, \$850. 737 Seacoast Dr. 442-6523

IB-New 3Br/2½Ba 2 story house, gar, fplc, w/d, \$995, * New 2Br/2½Ba, Ocean vu condo. 2 mo rent free, Pet OK, \$850, 423-3023

200 Condos for Rent

OB-\$1050, 3Br/2½Ba, near bch, fplc, w/d, Avail 2/11, 223-1621/224-5079

Sp Vlly-2Br/2Ba Asheford Park. Gated complex, pool/spa. 1 yr new. Lease \$850. Trident Pacific 435-9442

IB-New 2Br/2Ba twnhse on wildlife sanctuary. Spectacular views, 1g patio, blk to beach, frplc. Totally unique, \$795/mo, Scott 747-8468

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CV-From \$595, 2Br/2Ba \$300 OFF 1ST MONTH Quiet secluded location, private patio, balcony, laundry facilities, off St parking, close to freeway & trolley, new carpets, floor tile 671 Sea Vale St. 691-8387

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588-0224

Hilicrest-\$450-595. Quiet newer Studio & 1 Br. Controlled entry. Pet on approval. 4022 Albatross, 295-7333

Hillcrest-\$650, Lg, quiet clean 2Br/2Ba. Controlled entry near hospitals. 4046 1st Ave. 542-0670

IB-\$415-\$515, 1&2Br, 2nd mth rent free! 1 blck bch, frig, drps, stv, 429-3823

\$750, Lg 2Br, upstairs, carpet, lndry, Avail 2/7, 435-5716

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1Br, Qulet, landscaped, 1 yr lease. 291-3951

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IB-2Br/2Ba Townhouse, sec prkg, 1 blk to bch, \$845, Avail NOW, 294-8679 210 Apts. Unfurnished

IB Duplex-2Br/1Ba, pvt Indry, new crpt, pnt, verticals, fncd yd, Mil ok, 479-7777

La Mesa-\$560 Gets You In, 2Br, cable, freeway close. Realty World Pro Consultant-Barb, 548-1289

N.C.2br/1ba \$500 up. Move in spec. Pool, ldry rm. Near shop cntr, bus 477-6818

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Bonita 3Br/3Br townhome, over 1800 sq ft, gar, pool/spa. Lease \$1350. Trident Pacific 435-9442

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IB-\$895, Nice 3Br/11/2Ba, fncd, gar, patio, \$200 off move-in, 429-6439

IB-5Br/3 tiled Ba, \$1350, custom kit, lg fncd yd, gardener, fplc, deck, lg lndry, 423-8959/757-4890

No Park-3715 Arizona St. 2Br/1Ba, \$775, incl util, 1 car gar on alley+ front driveway, hwd firs, fplc, 792-5667

Rancho SD-3Br/21/4Ba, 2 fplc, 1850 sqft, 15 min to dwn twn, quiet, cln, 2cr gar, grt schls, \$1100, avail 2/94, w/d & refrig neg, 660-0441

SoBa. Nice 4Br Townhome, pool, spa, nice area near So Bay freeway, \$900. Avail 2/1. Call 679-7556

SoSD-4Br/21/4Ba. 2-story, pool maint/gardener/ security incl, \$1100, 421-4866

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